|  |   |   |                 |                                  |              |                  |            | A                 | Application or Docket Number |        |                     |                        |  |
|--|---|---|-----------------|----------------------------------|--------------|------------------|------------|-------------------|------------------------------|--------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR   |   |   |                 |                                  |              |                  |            | D                 |                              |        |                     |                        |  |
| Effective January 1, 2003  CLAIMS AS FILED - PART I  |   |   |                 |                                  |              |                  |            | 10.668-482        |                              |        |                     |                        |  |
|  |   |   | mn 2)           | SMALL ENTITY TYPE                |              |                  | OR         | OTHER THAN        |                              |        |                     |                        |  |
| TOTAL CLAIMS   |   |   | 10              |                                  |              | · .              |            | RATE              | FEE                          | 1      | RATE                | FEE                    |  |
| FOR  |   |   | NUMBER FILED    |                                  | NUME         | NUMBER EXTRA     |            | ASIC FEE          | 375.00                       | OR     | BASIC FEE           | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | (0 minus 20=    |                                  | •            | 0                |            | X\$ 9=            |                              | OR     | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |   |   | minus 3 =       |                                  | *            | J                |            | X42=              |                              | OR     | X84=                |                        |  |
| ML   | ILTIPLE DEPEN   | IDENT CLAIM P                             | RESENT          |                                  |              |                  |            | .140              | <del> </del>                 |        |                     |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |                 |                                  |              |                  |            | +140=             |                              | OR     | +280=               | -15D                   |  |
| •  | _   |   | TOTAL           |                                  | OR           | TOTAL            | 750        |                   |                              |        |                     |                        |  |
| <u>4. :</u>  | 1. 23.03 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |   |                 |                                  |              |                  |            | SMALL             | ENTITY                       | OR     | OTHER<br>SMALL      |                        |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUME<br>PREVIO<br>PAID I |              | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE       |        | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| S  | Total   | · 10                                      | Minus           | • 2                              | 0            | £                |            | X\$ 9=·           |                              | OR     | X\$18=              |                        |  |
| ¥  | Independent   | NTATION OF M                              | Minus           | **** C                           | <u> </u>     | -                | X42=       |                   |                              | OR     | X84=                |                        |  |
| _  | 1,  | MIXITON OF M                              | OLTIPLE DE      | ENDENI                           |              |                  | +140=      |                   | OR                           | +280=  | ·                   |                        |  |
|  |   |   |                 |                                  |              |                  |            | TOTAL             |                              | OB     | TOTAL               |                        |  |
| 1  | 29.05   | AL  | DIT. FEE        |                                  | ,            | addit. Fee i     |            |                   |                              |        |                     |                        |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUMI<br>PREVIO<br>PAID   | BER<br>DUSLY | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE       |        | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | • 10                                      | Minus           | . 2                              | <u> </u>     | =                |            | X\$ 9=            |                              | OR     | X\$18=              |                        |  |
| AME  | Independent   | NTATION OF M                              | Minus           | ***                              | <u> </u>     | =                |            | X42=              |                              | OR     | X84=                |                        |  |
| 7  | ,11   | NAME OF IN                                | octific der     | ENDENT                           | CLAIM        |                  | <b>'</b> [ | +140=             |                              | OR     | +280=               |                        |  |
|  |   |   |                 |                                  |              |                  |            | TOTAL<br>DIT. FEE |                              | OR     | TOTAL<br>ADDIT. FEE | 1                      |  |
| _  |   | (Column 1)                                | •               | (Colum                           |              | (Column 3)       |            |                   | •                            |        |                     |                        |  |
| AMENDMENT C  |   | REMAINING AFTER AMENDMENT                 |                 | HIGH<br>NUMI<br>PREVIO<br>PAID   | BER<br>NUSLY | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE       |        | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Q  | Total   | •   | Minus ·         | 84                               |              |                  |            | X\$ 9=            | 155                          | OR     | X\$18=              | ree                    |  |
| M  | Independent   | •   | Minus           | ***                              |              | •                | <b>I</b>   | X42=              |                              |        | X84≈                |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                        |   |                 |                                  |              |                  |            |                   |                              | OR     | ~645                |                        |  |
| * If the entry in column 1 is less than the entry in column 2 write are in any in a  |   |   |                 |                                  |              |                  |            |                   |                              |        | +280=               |                        |  |
| ** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20."  *** TOTAL ADDIT. FEE  OR ADDIT. FEE  ADDIT. FEE |   |   |                 |                                  |              |                  |            |                   |                              |        |                     | •                      |  |
|  | The "Highest Num  | ber Previously Pa                         | d For (Total or | independe                        | ent) es the  | highest numbe    | r found    | n the ap          | propriate box                | in col | umn 1.              |                        |  |
|  |   |   |                 |                                  |              |                  |            |                   |                              |        |                     | ı                      |  |